SHEBOYGAN PROGRESSIVE CARE CENTER

1902 MEAD AVENUE

SHEBOYGAN 53081 Phone: (920) 458-8333	3	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	120	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	146	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	116	Average Daily Census:	110

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)	8						
Primary Diagnosis	8	   Age Groups 	*	   Less Than 1 Year   1 - 4 Years	52.6 33.6			
Developmental Disabilities	0.0	Under 65	13.8	More Than 4 Years	13.8			
Mental Illness (Org./Psy)	15.5	65 - 74	13.8					
Mental Illness (Other)	5.2	75 - 84	37.1		100.0			
Alcohol & Other Drug Abuse	0.0	85 - 94	34.5					
Para-, Quadra-, Hemiplegic	1.7	95 & Over	0.9	Full-Time Equivalent				
Cancer	3.4			Nursing Staff per 100 Residents				
Fractures	8.6		100.0	(12/31/05)				
Cardiovascular	9.5	65 & Over	86.2					
Cerebrovascular	6.0			RNs	6.9			
Diabetes	0.0	Gender	8	LPNs	9.2			
Respiratory	9.5			Nursing Assistants,				
Other Medical Conditions	40.5	Male	32.8	Aides, & Orderlies	41.2			
		Female	67.2					
	100.0							
			100.0	İ				

## Method of Reimbursement

		Medicare 'itle 18			edicaid itle 19			Other			Private Pay	:		amily Care		]	Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	8	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	 7	9.5	146	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	6.0
Skilled Care	29	100.0	329	64	86.5	125	3	100.0	126	9	100.0	224	0	0.0	0	1	100.0	360	106	91.4
Intermediate				3	4.1	105	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	29	100.0		74	100.0		3	100.0		9	100.0		0	0.0		1	100.0		116	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Conditi	ons, Services, and	d Activities as of 12/	31/05
Deaths During Reporting Period				 %	Needing		Total
Percent Admissions from:		Activities of	8	Ass	istance of	% Totally	Number of
Private Home/No Home Health	14.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.6		79.3	18.1	116
Other Nursing Homes	1.5	Dressing	9.5		81.9	8.6	116
Acute Care Hospitals	82.5	Transferring	8.6		81.9	9.5	116
Psych. HospMR/DD Facilities	0.0	Toilet Use	7.8		85.3	6.9	116
Rehabilitation Hospitals	0.0	Eating	53.4		36.2	10.3	116
Other Locations	0.3	*******	******	*****	* * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	326	Continence		%	Special Treatmen	ts	왕
Percent Discharges To:		Indwelling Or Extern	al Catheter	13.8	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	46.7	Occ/Freq. Incontiner	nt of Bladder	67.2	Receiving Trac	heostomy Care	0.9
Private Home/With Home Health	0.6	Occ/Freq. Incontiner	nt of Bowel	46.6	Receiving Suct	ioning	0.9
Other Nursing Homes	4.6				Receiving Osto	my Care	4.3
Acute Care Hospitals	8.7	Mobility			Receiving Tube	Feeding	3.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.7	Receiving Mech	anically Altered Diets	22.4
Rehabilitation Hospitals	0.0						
Other Locations	12.1	Skin Care			Other Resident C	haracteristics	
Deaths	27.2	With Pressure Sores		5.2	Have Advance D	irectives	39.7
Total Number of Discharges		With Rashes		6.9	Medications		
(Including Deaths)	323				Receiving Psyc	hoactive Drugs	60.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.3	85.8	0.88	90.1	0.84	88.8	0.85	88.1	0.86
Current Residents from In-County	83.6	81.3	1.03	84.9	0.99	83.2	1.01	77.6	1.08
Admissions from In-County, Still Residing	13.2	16.8	0.79	18.1	0.73	18.7	0.70	18.1	0.73
Admissions/Average Daily Census	296.4	216.2	1.37	188.0	1.58	177.7	1.67	162.3	1.83
Discharges/Average Daily Census	293.6	217.8	1.35	191.1	1.54	179.2	1.64	165.1	1.78
Discharges To Private Residence/Average Daily Census	139.1	100.9	1.38	87.1	1.60	83.4	1.67	74.8	1.86
Residents Receiving Skilled Care	97.4	97.2	1.00	96.6	1.01	96.3	1.01	92.1	1.06
Residents Aged 65 and Older	86.2	91.5	0.94	90.0	0.96	91.3	0.94	88.4	0.98
Title 19 (Medicaid) Funded Residents	63.8	61.7	1.03	62.3	1.02	61.8	1.03	65.3	0.98
Private Pay Funded Residents	7.8	19.4	0.40	20.8	0.37	22.5	0.35	20.2	0.38
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	20.7	28.9	0.72	34.5	0.60	34.8	0.59	32.9	0.63
General Medical Service Residents	40.5	23.7	1.71	22.0	1.84	23.0	1.76	22.8	1.78
Impaired ADL (Mean)	47.4	47.9	0.99	48.8	0.97	48.4	0.98	49.2	0.96
Psychological Problems	60.3	59.1	1.02	59.9	1.01	59.5	1.01	58.5	1.03
Nursing Care Required (Mean)	5.5	7.1	0.78	7.3	0.76	7.2	0.76	7.4	0.74